

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR SALE, TRANSFER, OR LEASE OF CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Date: 4-15-2018

**IMPORTANT!** A current annual report must be on file with the Commission before application will be accepted.

Select Class: (Check one)

- ☒ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

Type of Application: (Check one)

- ☒ Sale of Certificate  
☐ Transfer of Certificate  
☐ Lease of Certificate

1. All Coast Moving and Storage LLC  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

885 South Guignard Drive, Sumter SC 29150  
Street Address of Applicant

Mailing Address of Applicant if different from street address

803-773-8886

Phone

803-773-9335

FAX

bharris@tricorpinvestments.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

## 3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

Ben Harris, 60 Riverbluff Trail, Pawleys Island, SC 29585 (Only Principal Officer)

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4. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

## 5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of convictions below.*

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## 6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? ( Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of convictions below.*

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	1600000	Mortgage/Loan on Real Estate	295000
Value of Motor Vehicles	800000	Loans Owed on Motor Vehicles	85000
Cash on Hand	300000	Business/Other Loans Owed	0
Cash in Bank	300000	Other Liabilities or Debts	862000
Value of Other Assets and Equipment	1500000	<b>Total Liabilities</b>	1,242,000
<b>Total Assets</b>	4,500,000		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows:

Intends to continue to use current owners tariff. SCTB Tariff NO 7

## COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☒ Household Goods, as defined in R103-210(1)
- ☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

Intends to conduct services in same areas as previously done.

**DESCRIPTION OF EQUIPMENT**

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	CARRYING CAPACITY *
SEE Attached List				

\* Number of seats if passenger carrier or tonnage if freight carrier.

**INSURANCE QUOTE**This form **MUST BE COMPLETED.**

The following insurance quote is for:

All Coast Moving &amp; Storage, LLC

Name of Motor Carrier

885 South Guignard Drive, Sumter SC 29150

Address of Motor Carrier

**Amount of Premium:****Limits Quoted: (See Below)**Liability Insurance \$ 62,904Limits \$1,000,000Cargo Insurance \$ 12,900Limits \$5000 per vehicle

\* Attach Certificate of Insurance if available.

Arthur Gallagher

Name of Insurance Company

115 Central Island Street, Charleston, SC 29492

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit FWA**

All Coast Moving & Storage, LLC dba Anderson All Coast Moving & Storage  
Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgement(s) against the Applicant?

☐ Yes ☒ No

If "Yes", list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

SWORN TO BEFORE ME  
This 12 day of April, 2018

Dorinda S. McMichael  
Notary Public

Commission Expires 3/1/2026

  
Applicant's Signature

STATE OF SOUTH CAROLINA     )  
    )  
 COUNTY OF \_\_\_\_\_ )

### CERTIFICATE


This Certificate is furnished by the undersigned in compliance with Rule 103-135 (3)(b) of the Rules and Regulations of the Public Service Commission of South Carolina in connection with the transfer of authority to                     All Coast Moving and Storage LLC                     .

The undersigned states that the assets listed on the enclosed Bill of Sale of                     Anderson Transfer, Inc.                    

are being transferred including the authority granted in Certificate No.       107B       issued by the Public Service Commission of South Carolina; that there are no debts or claims against the transferor; no unremitted COD or collections due shippers; no claims for loss of or damage to goods transported or received for transportation; no claims for overages on property transported; no interline accounts due other carriers; and no wages due employees of the transferor.

  
 \_\_\_\_\_  
 Transferor's Signature

SWORN TO BEFORE ME  
 This   12   day of   April  , 20  18  

  
 \_\_\_\_\_  
 Notary Public

Commission Expires   3/1/2026



**The Public Service Commission of South Carolina**  
**Application for the Sale or Transfer of Certificate of Public Convenience and Necessity**

Date 3/1/18

I (We) Anderson Transfer, Inc.

the holder of Class E Certificate of Public Convenience and Necessity No. 107B, respectfully requests that authority be granted said holder of Certificate to sell or transfer all rights, title and interest under said Certificate to the purchaser or transferee, and for the purpose of enabling the Commission to determine whether or not this application should be granted, the following information is submitted:

1. Anderson Transfer, Inc.  
 Name of Owner or Transferor  
885 South Guignard Drive, Sumter SC 29150  
 Address  
Anderson.transfer@yahoo.com 803-773-8886  
 Email Address Phone

2. All Coast Moving and Storage LLC  
 Name of Purchaser or Transferee  
885 South Guignard Drive, Sumter SC 29150  
 Address  
bharris@tricorpinvestments.com 678-637-7193  
 Email Address Phone

Check one: ☒ Corporation

☐ Partnership

☐ Individual

Date organized: 1-15-2018

Submit a copy of the partnership agreement and a list of individuals composing the partnership.

State of Incorporation: South Carolina

3. The purchaser or transferee submits a copy of the proposed tariff, which is the same as is now in effect, with the following exception(s): NA

4. The Certificate to be transferred is attached.

5. Are there now any liens, mortgages, or debts in effect over, against, or in any way affecting this certificate?

☒ No ☐ Yes Attach a complete list showing dates, amounts and names of parties.

6. Is the proposed sale or transfer being made in any way for the purpose of hindering, delaying, or defrauding creditors?

☒ No ☐ Yes

GIVEN under our hand this 1st day of March, 2018

Owner or Transferor Anderson Transfer, Inc.

By [Signature]

Title President

Purchaser or Transferee All Coast Moving and Storage LLC

By [Signature]

Title President

SWORN TO BEFORE ME

This 12 day of April, 2018

Donna S. McMichael  
 Notary Public

Commission Expires 3/1/2021

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C.Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.2, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

STATE OF SOUTH CAROLINA

COUNTY OF Sumter

  
Applicant's Signature

I, Ben Harris, President  
Name of Applicant's Representative Title  
of All Coast Moving and Storage LLC,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 12 day of April, 20 18

Donna S. McMichael  
Notary Public

Commission Expires 3/1/2026

Filing ID: 180116-1418129

Filing Date: 01/15/2018

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

All Coast Moving & Storage, LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is  
60 Riverbluff Trail

(Street Address)

Pawleys Island , South Carolina 29585

(City, State, Zip Code)

3. The initial agent for service of process is

Ben Harris

(Name)

*Ben Harris*

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:  
60 Riverbluff Trail

(Street Address)

Pawleys Island

South Carolina 29585

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Ben Harris

(Name)

60 Riverbluff Trail

(Street Address)

Pawleys Island , South Carolina 29585

(City, State, Zip Code)

All Coast Moving & Storage, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

Ben Harris

(Name)

60 Riverbluff Trail

(Street Address)

Pawleys Island, South Carolina 29585

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_.

All Coast Moving & Storage, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Ben Harris

Signature of Organizer

Date: 01/15/2018

*Ben Harris*

Signature of Organizer

Date: 3/1/18